POSITI N	INITIALS	ID NO.	DATE
FEE DETERMINATION	LW	7N34	12-03-99
.I.P.E. CLASSIFIER		8	12-8 99
FORMALITY REVIEW		71622	12-17-9 9
		71622	2.2.00

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
−	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim		Date		Claim		Date		Claim		Date	
Final	Original			Final	Original			Final	Original		
1	1			2	51				101		
	2			3	52				102		
	3			4	53				103		
	4			5	54				104		
	5			6	55				105		
	6			7	56				106		
	7			8	57				107		
	8			9	58				108		
	9			10	59				109		
	10			11	60				110		
	11			12	61				111		
	12			13	62				112		
	13			14	63				113		
	14			15	64				114		
	15			16	65				115		
	16			17	66				116		
	17			18	67				117		
	18			19	68				118		
	19			20	69				119		
	20			21	70				120		
	21			22	71				121		
	22			23	72				122		
	23			24	73				123		
	24			25	74				124		
	25			26	75				125		
	26			27	76				126		
	27			28	77				127		
	28			29	78				128		
	29			30	79				129		
	30			31	80				130		
	31			32	81				131		
	32			33	82				132		
	33			34	83				133		
	34			35	84				134		
	35			36	85				135		
	36			37	86				136		
	37			38	87				137		
	38			39	88				138		
	39			40	89				139		
	40			41	90				140		
	41			42	91				141		
	42			43	92				142		
	43			44	93				143		
	44			45	94				144		
	45			46	95				145		
	46				96				146		
	47				97				147		
	48				98				148		
	49				99				149		
	50				100				150		

If more than 150 claims or 10 actions
staple additional sheet here

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